



THOMAS M. MENINO
Mayor

BOSTON INSPECTIONAL SERVICES DEPARTMENT

DIVISION OF HEALTH PROCEDURES FOR OBTAINING A MOBILE PERMIT (PLEASE READ CAREFULLY AND IF YOU ARE UNSURE PLEASE INQUIRE)

In order to obtain a Health Permit from the Inspectional Services Department for Mobile Food Vehicles and Pushcarts the following documents must be submitted prior to the inspection. Inspections CAN NOT be performed if all information is not complete.

If you are vending in the City of Boston you must go to Police Headquarters, 199 Columbus Ave, Boston 617-343-4425 to find out where you can vend. SOME AREAS ARE RESTRICTED.

If you are not at a permanent location, you must obtain a Hawkers and Peddlers license from the Division of Standards, One Ashburton Pl 11th floor, Boston 617-727-3480

If you are vending on a public sidewalk, you must obtain a permit from the Department of Public Works, Anne McNeil, Rm. 714, City Hall 617-635-4911.

If you are vending on private property, you must obtain a Use of Premises permit from the Inspectional Services Building Department, 1010 Mass. Ave, 5th Fl 617-635-5312.

If you are vending in a city park, you must obtain a permit from the Parks & Recreational Department, 1010 Mass. Ave, 3rd Fl, 617-635-4505.

You are required to obtain a copy of the Massachusetts Sanitary Code 105CMR 590.000 and the 1999 Federal Food Code. These can be obtained at the State House Bookstore, RM 116, and 617-727-2834.

New mobile food units must submit plans for approval by the Health Division before you obtain a Health Permit. Plans are reviewed by appointment only. You can do this by calling Thomas Coffill at 617-961-3219.

All mobile food units or pushcarts shall operate from a fixed licensed food establishment and shall report twice daily to such location for all food and supplies and for all cleaning and sanitizing units and equipment. You must provide a letter on their letterhead stating you have permission to perform these duties from their establishment along with a copy of their permit.

If you sell potentially hazardous foods, you are required to have a full time certified food protection manager on cart. Please ask for course package. These courses are not offered by the City of Boston but through private consultants.

You must complete a Health Division application and provide the required documents and licenses at the time of your inspection. Inspections are done at 1010 Massachusetts Ave, Monday – Friday from 8am – 9:30am. Call to make sure there is someone available to do inspection 617-635-5326. Mobile Food permits fees are \$100 for unit and \$30 each if you sell milk or ice cream. If you manufacture frozen dessert from a soft serve machine the fee for that is \$100. You will also be required to have a lab that will test you machines once a month and submit those reports to the Health Division.

No application will be excepted if the Tax ID # is blank.

You must contact the Boston Fire Department, Special Hazards Division, 1010 Mass. Ave. 617-343-3447, to see if a fire inspection and/or permit is needed.

1010 MASSACHUSETTS AVENUE, BOSTON, MA 02118 • 617-635-5300





BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
1010 MASSACHUSETTS AVENUE
TEL (617) 635-5326 FAX (617) 635-5388

<u>Date Received</u>	<u>Date Inspected</u>	<u>Approved By</u>	<u>Permit # Issued</u>	<u>Fees</u>
_____	_____	_____	_____	_____

Food Establishment Permit Application

1) Establishment Name	
2) Establishment Address	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No	
5) Applicant Name and Title	
6) Applicant Address	
7) Applicant Telephone No	
8) Owner Name and Title (if different from applicant)	
9) Owner Address (if different from applicant):	
10) Establishment Owned By:	11) If a corporation or partnership, give name, title and home address of officers or partners:
<input type="checkbox"/> An association	<u>Name</u> <u>Title:</u> <u>Address:</u>
<input type="checkbox"/> A corporation	_____
<input type="checkbox"/> An individual	_____
<input type="checkbox"/> A partnership	_____
<input type="checkbox"/> Other Legal entity	_____
12) Person Directly Responsible for Daily Operations (Owner, PIC, Supervisor, Manager etc.)	
Name & Title :	_____
Address:	_____
Telephone No:	Fax: _____
Emergency Telephone No:	_____
13) District Or Regional Supervisor (if applicable)	
Name & Title :	_____
Address:	_____
Telephone No:	Fax: _____

14) Source of Water _____ Sewage Disposal _____	15) Rubbish Disposal Co. _____ Rendering Co. (For Grease) _____
16) Days and Hours of Operation: _____	17) No. of Food Employees _____
18) Name of Person In Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.</i>	
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No	
20) Length of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates	21) Establishment Type (check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Retail (sq ft) <input type="checkbox"/> Food Service (Seats) <input type="checkbox"/> Food Service-Takeout <input type="checkbox"/> Food Service-Institution (Meals/Day) (Beds) </div> <div style="width: 45%;"> <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Estab <input type="checkbox"/> Frozen Dessert Manufacturer </div> </div> <u>Other (Describe)</u> _____ _____
22) Food Operations: (check all that apply)	
Definitions: PHF-potentially hazardous food (time/temperatures controls required). Non-PHF's-non-potentially hazardous food(no time/temperature controls required) RTE-ready-to-eat foods(Ex. Sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's <input type="checkbox"/> Commercially Pre-Packaged PHFs <input type="checkbox"/> Preparation of Non-PHF's <input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> PHF Cooked To Order <input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service <input type="checkbox"/> Delivers Food Within 1 Hour of Preparation <input type="checkbox"/> Customer Self-Service </div> <div style="flex: 1;"> <input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service <input type="checkbox"/> Vacuum Packaging/Cook Chill </div> </div>
Other (Describe): _____ _____ _____	
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal 1999 Food Code.	
23) Signature of Applicant: _____ Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.	
24) Social Security Number or Federal ID: _____	
25) Signature of Owner or Corporate Officer: _____	

MOBILE FOOD SERVICE

Applications can not be accepted if all information is not complete

TYPE OF MOBILE FOOD SERVICE

CANTEEN TRUCK ____ MOBILE KITCHEN ____ PUSHCART ____ ICE CREAM TRUCK ____ TRAILER ____ OTHER ____

BASE OF OPERATIONS:

A Health Department must license this establishment/No food preparation or storage of food allowed at private homes

Name _____

Address _____

VERIFICATION LETTER FROM BASE OF OPERATIONS? YES ____ NO ____

THE LOCATIONS MUST HAVE SPECIFIC ADDRESSES, DAYS, AND TIMES:

STREET #	NAME OF STREET	DAYS	TIMES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOOD ITEMS TO BE SOLD: (ANSWER ALL THAT APPLIES)

COLD SANDWICHES CONTAINING PLF'S	YES ____	NO ____
A. Mechanical refrigeration	YES ____	NO ____
B. Coolers with gel packs	YES ____	NO ____

STEAM TABLE FOOD ITEMS (SPECIFY)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOT HOLDING FOOD ITEMS (SPECIFY)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRILL FOOD ITEMS (SPECIFY)

_____	_____	_____
_____	_____	_____

OTHER FOOD ITEMS (SPECIFY)

_____	_____	_____
_____	_____	_____

DO YOU MANUFACTURE FROZEN DESSERT/ICE CREAM/YOGURT?
IF YES COMPLETE THIS SECTION

YES ____ NO ____

Name & address of company mix is purchased from _____

Is mix pasteurized? YES ____ NO ____

Number of refrigerators ____ freezers ____

Are you aware of the regulations regarding the submission of monthly lab reports? YES ____ NO ____

Name and address of lab _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1 ☐ I am an employer with _____ employees (full and/or part-time) *
- 2 ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity [No workers' comp insurance required]
- 3 ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees [No workers' comp insurance required] **
- 4 ☐ We are a non-profit organization, staffed by volunteers, with no employees [No workers' comp insurance req.]

Business Type (required):

- 5 ☐ Retail
- 6 ☐ Restaurant/Bar/Eating Establishment
- 7 ☐ Office and/or Sales (incl. real estate, auto, etc.)
- 8 ☐ Non-profit
- 9 ☐ Entertainment
- 10 ☐ Manufacturing
- 11 ☐ Health Care
- 12 ☐ Other _____

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #: _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____